

**APPLICATION TO RENEW INDIVIDUAL/BUSINESS ENTITY LICENSE**

Form 448-29 (REV. 12/2004)

NAME \_\_\_\_\_  
Last, First, Middle or Business Entity NameLICENSE EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

INSURANCE LICENSE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER/FEIN: \_\_\_\_\_

The application for renewal of an expired license may be filed up to one year from the date of your license.

## Check license type(s) you are renewing:

<input type="checkbox"/> Life Agent (LX)	\$144	<input type="checkbox"/> Fire & Casualty Broker-Agent (FX)	\$144
<input type="checkbox"/> Part Time Fraternal (PF)	\$144	<input type="checkbox"/> Rental Car Agent (RC)	\$394
<input type="checkbox"/> Life & Disability Analyst (LA)	\$482	<input type="checkbox"/> Surplus Line Broker (SL)	\$1,200*
<input type="checkbox"/> Travel Agent (TA)	\$48	<input type="checkbox"/> Special Lines' Surplus Line Broker (SP)	\$1,200*
<input type="checkbox"/> Personal Lines Broker-Agent (PL)	\$144	<input type="checkbox"/> Registered Administrator (RA)	\$144
<input type="checkbox"/> Credit Insurance (CI)	\$317	<input type="checkbox"/> Motor Club Agent (MC)	\$144
<input type="checkbox"/> Self-Service Storage Agent (SS)	\$250	<input type="checkbox"/> Cargo Shipper's Agent (CS)	\$48
<input type="checkbox"/> Communications Equipment Insurance Agent (CV)	\$248	<input type="checkbox"/> Vehicle Service Contract Provider (VS)	\$720

\*If renewing both Surplus Line Broker and Special Lines' Surplus Line Broker submit only one filing fee.

Non-resident fees are retaliatory and maybe higher than fees shown above.

**RENEWAL APPLICATION CERTIFICATIONS**

**1** Have you, or your organization or any of its officers, directors, or 10% or greater shareholders (if you are renewing an organization license), been the subject of any administrative disciplinary action since your last previous application or renewal? ..... Yes ☐ No ☐

**2** Have you, or your organization or any of its officers, directors, or 10% or greater shareholders (if you are renewing an organization license) been convicted of a crime since your last previous application or renewal?..... Yes ☐ No ☐

"Crime" includes a felony, a misdemeanor or a military offense. "Convicted" includes, but is not limited to, having been found guilty by a verdict of a judge or jury, having entered a plea of nolo contendere, no contest, having had any charge expunged, dismissed or plea withdrawn pursuant to Penal Code 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses tried in juvenile court. You should answer "yes" if you have been convicted of a felony or misdemeanor including driving offenses such as, but not limited to reckless driving, driving under the influence and driving with a suspended license, whether or not you spent any time in jail, and whether or not you believe the conviction has been removed from your record.

**IMPORTANT NOTICE:** If you have answered "Yes" to **1** or **2**, attach a detailed statement, signed by you (original signature), of the events which led to the charges (dates and places). If the matter was heard in court, attach copies, **CERTIFIED BY THE COURT**, of the Criminal Complaint and Minute Order showing the final plea, judgement and sentence. If you have had a change in background information pursuant to CIC 1729.2 and this information has already been submitted to the Department, you must attach a signed statement indicating the date submitted.

**APPLICANT'S CERTIFICATIONS:**

I certify (or declare) under penalty of perjury, under the laws of the State of California, that I have read the forgoing renewal application, certifications and know the contents thereof and that each statement therein made is full, true and correct. Pursuant to Insurance Code Section 1703 and 1733, I authorize disclosure to the Insurance Commissioner of all financial institution records of any fiduciary accounts for the duration of this license. I understand that any changes in background information (per CIC 1729.2) must be filed within 30 days or my license can be subjected to disciplinary action. I certify that I have had no unreported changes in background information as required under CIC 1729.2.

**3** \_\_\_\_\_  
APPLICANT'S SIGNATURE TELEPHONE DATE CITY STATE

**4** \_\_\_\_\_  
PRINT NAME APPLICANT'S TITLE

Fees and signed application must be postmarked and CE hours, if applicable, must be completed by the expiration date of your license. If postmarked and/or completed after that date, an additional delinquent fee of 50% is due and all appointments, endorsements and employee/employer relationships will have to be re-established with the appropriate forms and fees.

If your continuing education requirements were met and renewal paid by license expiration date, you may continue operating under the existing license for 60 days or until notified that the renewal application is deficient (CIC Section 1720).

Any change of address must be reported directly to the Department, by one of the following methods or you may submit with your renewal:

Mail to: California Department of Insurance  
320 Capitol Mall  
Sacramento, CA 95814

FAX: (916) 327-6907

E-mail to: [http://www.insurance.ca.gov/LIC/PLB\\_Email](http://www.insurance.ca.gov/LIC/PLB_Email)

For a change of name, attach a signed and dated statement giving the reason for the change. You will be notified if there are any further requirements. **WARNING:** The terms of this renewal may be limited by the Family Support Law, Welfare and Institution Code Section 11350.6.

Make check payable to  
Mail to:

CALIFORNIA DEPARTMENT OF INSURANCE  
P.O. BOX 311  
SACRAMENTO, CA 95812-0311

Information: (800) 967-9331